

DEPARTMENT OF THE NAVY

BUREAU OF NAVAL PERSONNEL 5720 INTEGRITY DRIVE MILLINGTON TN 38055-0000

1640 Ser 84B/ 16 Jan 04

From: Chief of Naval Personnel

Subj: MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND

ACOUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) POSITIVE

PRISONERS

Ref: (a) SECNAVINST 1640.9B

(b) SECNAVINST 5300.30C

1. <u>Purpose</u>. To provide guidelines for the management of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) positive prisoners, hereafter referred to as HIV, as required per reference (a), articles 4205.6 and 10104.

2. Background

- a. HIV and AIDS positive cases are relatively rare occurrences in naval brigs, however where cases are present there are medical issues with security ramifications. Staff should not make moral judgments regarding HIV-positive individuals. As such, correctional management of the HIV will be a three-level effort; information and training, screening, and management of actual/suspected cases.
- b. Reference (b) establishes Department of the Navy's (DON's) policy on identification, surveillance, and administration of military members infected with HIV, and is applicable within Navy's correction program.

3. Policy

a. Prisoners known or subsequently found to be HIV-positive may be housed in Navy brigs. If inadequate medical care is available, the commanding officer/officer in charge/chief petty officer in charge (CO/OIC/CPOIC) may request transfer to another corrections facility where treatment may be more readily available.

- Subj: MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) POSITIVE PRISONERS
- b. Staff should respond to prisoner emergencies and all other duties where contact with bodily fluids is a possibility with the assumption that all bodily fluids are contaminated. As required in reference (a), article 3503, staff will receive annual training in bloodborne/airborne pathogens.
- c. Asymptomatic HIV-positive prisoners will be housed with the general population. Prisoners may be moved to administrative segregation if they demonstrate at-risk behaviors that could reasonably lead to the transmission of the HIV virus (e.g., assaultive behaviors, sharing of razorblades, etc.)
- Medical information relevant to HIV status shall be limited to the CO/OIC/CPOIC, brig medical staff, and the technical director/security officer. The decision to notify other individuals will be made only by the CO/OIC/CPOIC and after consultation with medical staff and only when the individual has a legitimate need to know. This decision should be based on an evaluation of prisoner behavior and the risk an infected prisoner poses of exposing other persons to their body Where applicable, prior to prisoner release, medical information shall be shared with the United States Probation Officer for purposes of post-release management and access to Release of all information shall be IAW with both the Privacy Act of 1974 and the Health Insurance Portability and Parties with whom confidential Accountability Act (HIPAA). medical information regarding another individual is communicated shall not share this information by any means with any other Medical information may be communicated among medical staff directly concerned with patient cases in the course of their professional duties.
- e. Prisoners who refuse clinically indicated diagnostic procedures and evaluations for infectious and communicable diseases shall be subject to isolation or quarantine from the general population until such time as they are assessed to be non-communicable or the brig medical officer determines the prisoners pose no health threat if returned to the general population.
- f. The brig medical officer shall assess any prisoners with an infectious disease for appropriateness for duties and housing.

Subj: MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) POSITIVE PRISONERS

- 4. None of the procedures or guidelines of this policy letter are meant to limit or override the exercise of sound medical judgment on the part of the physician responsible for medical care. Each case shall be evaluated on its own merits and individual circumstances.
- 5. Point of contact for further information is Mr. Tim Purcell, Navy Personnel Command (NAVPERSCOM) (PERS-84B), at Comm (901) 874-4452/DSN 882, E-Mail: timothy.purcell1@navy.mil.

J./W. TOWNES, III

Deputy Chief of Naval Personnel

Distribution:
COMLANTFLT (N16)
NETC (N00JC)
COMPACFLT (N16)
All Navy shore brigs and PCFs
NAVPERSCOM (PERS-06)
USMC (PSL Corrections)